

Reference Number: 533-02-DD

Title of Document: Sexual Assault Prevention, and Incident Procedure Follow-up

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Applicability: Regional Centers; DSN Boards; and Contracted Providers  
Operating Residential Programs

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**DEFINITION:**

Sexual assault is defined as any sexual interaction that is perpetrated:

- 1) against the victim's will;
- 2) without consent; and
- 3) in an aggressive, exploitative, manipulative, or threatening manner.

It may include oral, anal, vaginal, digital, penile or objectile penetration and may involve touching, rubbing, fondling, or exposure to sexual materials. An individual who displays sexual deviance (e.g. object fetishes, excessive masturbation, etc.) would not be included. Sexual assault of a consumer by someone other than another consumer would be defined as abuse and should be handled accordingly (see Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency).

**PURPOSE:**

To provide preventive measures prior to, procedural steps in case of, and appropriate follow-up after sexual assaults.

ACTION:

I. Prevention

- A. Each individual who is scheduled for placement in a DDSN funded residential setting will be screened by a residential treatment team to determine what, if any, risk they present to others in that residence of sexual aggression or a sexual assault. This screening should include a review of the individual's history of any inappropriate sexual activity.
- B. If this screen indicates a risk to others, the team following a more complete assessment, will develop a treatment plan that will address the risk. This plan should include specific training objectives, a Behavioral Support Plan, counseling/therapy, assignment of the appropriate accountability level, and/or environmental adaptations, such as door alarms.

II. Procedures in the Event of a Sexual Assault

When a sexual assault occurs, ~~(alleged by the consumer or observed by staff) the Sexual Abuse Protocol (see Attachment I) will be initiated and~~ the following procedures are to be implemented. ~~First,~~

- A. ~~\*The individuals are to be separated and steps taken to assure the perpetrator cannot assault anyone immediately rendered harmless.~~
- B. ~~Local law enforcement is to be immediately notified. Law enforcement will coordinate the collection of evidence and follow their procedures for a sexual assault. Staff should take extreme caution in the preservation of evidence while being careful not to contaminate possible evidence.~~
- C. ~~Then both victim and perpetrator will be examined by medical staff. The incident is then to be reported to the Administrative Officer of the day (A.O.D.) who will notify the Facility Director Administrator/Executive Director (or designee).~~
- D. ~~Immediate support will be provided to the victim by appropriate members of the treatment team. The medical staff will determine whether or not the victim is to be transported to the Rape Crisis Center. The Facility Director/Executive Director or designee will notify the families of the victim and perpetrator and outside law enforcement as appropriate. A sexual assault is to be reported to DDSN in accordance according to SCDDSN Policy with Directive 100-09-PD; Reporting of Critical Incidents Critical Incident Reporting.~~

### III. Treating the Victim

- A. Upon completion of the medical examination or other procedures as dictated by law enforcement, and referral to the Rape Crisis Center, if appropriate, the victim should receive immediate support from a team member who has positive rapport.
- B. The victim should and be placed be on Level I supervision until the support team can meet and develop a treatment plan that is designed to help the victim deal with the emotional trauma stemming from the assault.
- C. Medical treatment for any physical injuries should be provided as soon as possible.
- D. All team members are to give support to the victim keeping in mind the effects of trauma—Stabilization counseling, psychological counseling, psychiatric intervention, and sex counseling are a few of the treatment choices that may be considered.

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### IV. Treating the Perpetrator

If not incarcerated as a result of the assault, the perpetrator is to be placed immediately on an interim level of supervision that would eliminate a future occurrence until the treatment team can meet to discuss a treatment plan. The level of supervision will be adjusted in a revised treatment plan requiring the approval of the Facility Director/Administrator/Executive Director. Examples of treatment approaches include sexuality training, referral to sex counselor, use of medication to reduce sexual urges, referral to a more restrictive environment, or criminal prosecution.

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### V. Family Notification

The parents/guardians/family representative of both the perpetrator and victim should be notified of the incident as soon as possible by the Facility Administrator/Executive Director (or designee). This notice should not occur if the victim or perpetrator has explicitly requested that contact not be made (this is not applicable for court appointed legal guardians).

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### VI. Follow-up

The safety of all individuals is critical and should be the major focus at each facility. In the event of a sexual assault, the Executive Staff of the facility will review the incident in an effort to determine what changes in the system need to occur to prevent or deter similar occurrences.

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Cross References:

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100-09-DD: Critical Incident Reporting

~~534-01-DD: Reporting Allegations of Abuse~~

534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect or Exploitation of  
People Receiving Services from DDSN or a Contract Provider Agency

536-01-DD: Social-Sexual Development

DRAFT